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FSA-669A

U.S. DEPARTMENT OF AGRICULTURE

Form Approved - CMB No. 0560-0229

FSA-669A

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raini celwie Agency

NOMIN	MI TON FOR COOL	NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION	LECTION
NAME OF NOMINEE (Type or Print Nominge's Full Name)	Nominee's Full Name)	4. INITIALS OF EMPLOYEE REC	4. SHITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED
ADDRESS OF NOMINEE		5. COUNTY	
		B. LA	7. STATE Washington
NOMINEE'S CERTIFICATION:		U. NOMINATOR'S CERTIFICATION	-
I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest. I will resign such position.	ved on the ballot, that I will serve (f nterest, I will resign such position.	If this nomination is by other than representative of a community ba	If this nomination is by other than self, the following eligible voter or representative of a community based organization haveby nominates the
LDO want to witness the settling of fied votes with another nominee LDO NOT want to witness the settling of fied votes with another non-	LDO want to witness the setting of fied vates with another nominee. IDO NOT want to witness the setting of fied vates with another nominee.	10	gfore-rained person to be a candidate in the next County FSA Committee electron for the county.
A SIGNATURE OF NOMINEE	38 DATE	BA. SIGNATURE OF NOMINATOR	R 88 DATE
Check here if nominee is a write-in candidate	1	(If the individual is self nomi	(If the individual is self nominating, no signature is required).
	9. TO BE COMPL	TO BE COMPLETED BY NOMINEE	
OLUNTARY INFORMATION FOR o monitor FSA's compliance with fo rigin, religion, sex, marital status, i o. This information will not be use	OLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in c a monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national rigin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to This information will not be used in evaluating your nomination or to discriminate against you in any way.	i following information is requested in against program participants on u are not required to furnish this into to discriminate against you in any v	OLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in order or monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national rigin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do This information will not be used in evaluating your normination or to discriminate against you in any way.
THNICITY	RACE (Choose as many boxes as applicable)	oplicable)	GENDER
Hispanic or Latino Not Hispanic or Latino	American indian or Alaska Native Asian White	Ne Black or African-American Native Hawaiian or Other Pacific Islander	Sucfic Islander Fernale
Complete the form as follows:	INSTRUCTIONS FOR C	INSTRUCTIONS FOR COMPLETING THIS FORM	
TEM 1 Type or Print the nomine	Type or Printthe nominee's full name. The nominee must be	9	
A. Eigible to vote in the design of the office of Willing to serve if elected.	Eligible to vote in the designated County FSA Committee election. Eligible to hold the office of County FSA Committee member. Willing to serve if elected.	nitlee election, member	
TEM 2 Enter the nominee's current address	rent address.		
TEM 3 The nominee must chec	The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes	ference regarding the settling of 5¢	ed votes.
TEMS 3A &3B The nominee mi	The nominee must sign and date.		
TEMS 8A & 8B The nominator r	The nominator must sign and date. (If the individual	(If the individual is self nominating, no agnature is required.)	s required)
TEM 9 Completing this item is voluntary	oluntary.		
ALL FORMS MUST	ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1, 2011.	TY OFFICE OR POSTMARKE	D BY AUGUST 1, 2011.
IOTE: The following Idahomant is much found to the found	s in accordance with the Privacy Act of 1974 and Energy Act of 2008 (Pub. 1, 110-246). Stem may be disclosed to other Federal 38 decreasing the state or regulation and/or as of decreasing the separated decreasion is 4. Providing the separated decreasion is scion to the County FSA Committee.	5 USC 552a - as arrended: The authority in The information will be used to obtain owned the Local government agencies. That agent the Local government agencies, That agent facinted in applicable floating Uses Identif	The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Root. Consensation, and finely Act of 2008 (Plus. 1, 190-340). The information will be used to obtain comments of election to the County ESA Committee. The information obtains comment of election to the County ESA Committee. The information described on distribution of the Federal State, Local government agencies, That algorizes, and sungaporemental exists that have been authorized access to the information by statute or regulation and/or as described in applicable Footine Uses identified in the System of Records Makes for County Federal Records. USC 9475-95. Providing the sequenced information as voluntees, federal for another the requested distribution of electron to the County Foot County is equipment.
According to the Paperwork Rev display a wall OMB control ou it estimated to average 10 mero needed, and completing and re-	duction Act of 1955, an agency may not const index. The varied CARE control number for this the per response, including the time for review viewing the collection of information. The pan	uct or aponato, and a person is not required information collection is 0560-0229. The to wing instructions, searching existing date on traine of appropriete criminal and child field.	According to the Paperwork Reduction Act of 1995, an agency may not contact or appearan, and a person is not required to seppord to, a collection of information unless # displays a valid CMB control number. The waird CMB control number for this information collection is easificially to the fore required to compute this information collection is estimated to everyon 10 minutes per response, including the time for reviewing instructions, searching unless gate coverse, gathering and maintaining the data interface, and conjugate coverse, gathering and maintaining the collection of information. The purphishes of appropriate criticals and civil facult privacy, and other statutes any the applicable to





United States
Department
of Agriculture

Farm and Foreign Agricultural Services

Lincoln County FSA Office 1310 W. Morgan St. Davenport, WA 99122-0047

May 2011

Dear Producer

You are encouraged to nominate yourself or someone else to represent your interests on the Farm Service Agency County Committee. FSA county committees are a unique arrangement that allow local guidance for federal farm programs. These committees are a direct link between the farm community and the U.S. Department of Agriculture Committee members are a critical component of ensuring FSA agricultural programs serve the needs of local producers. Committee members are compensated for their time and travel related to county committee duties.

The duties of county FSA committee members include:

- Participating in county meetings and hearing producer appeals at the local county level:
- Informing farmers of the purpose and provisions of FSA programs;
- Monitoring changes in farm programs and assisting with delivery of FSA farm programs at the local level
- Performing other duties as assigned by the State FSA Committee.

This year, nominations are for a committee member to represent producers in Lincoin County Local Administrative Area (LAA) #3. Please feel free to call the County Office for a more detailed description or a copy of the LAA map.

LAA #3 – The west boundary is the Grant County line; Adams and Whitman County lines are the south boundary; and the east boundary is the Spokane County line. The north boundary begins at the Grant County line between Section 6 and 7, T23N, and R31E of Gibson Draw Road then going east for 11.5 miles. Then north at midsection of Section 1, T23N, and R32E for 3 miles across Section 36 and 25 of T24N, and R32E. Then east between Section 24 and 25, T24N and R32E for 15.5 miles. Then north 1 mile between Section 21 and 22, T24N and R35E. Then east for 15 miles between Section 15 and 22, T24N, and R35E. Then south on the line between R37E and 38E for 9 miles. Then east 12 miles on the line between T22N and 23N to the Spokane County line.

To hold office as a county committee member, a person must meet the basic eligibility requirements described below:

- Activety participate in the operation of a farm or ranch.
- Be eligible to vote in a county committee election. (Be of legal voting age and have an interest in a farm or ranch; not of legal voting age but supervises and conducts farming operations on an entire farm; participates in any FSA program);
- Reside in the LAA in which the person is a candidate

The nomination form FSA-669A allows individuals to nominate themselves or any other person as a candidate. Each form submitted must be limited to one nominee and signed and dated by the nominee (Item 3A) to indicate a willingness to have their name placed on the ballot and agree to serve if elected. Item 8A reflects the nominator's signature and date. For detailed instructions on completing the nomination form or requesting a form, please contact your local county FSA office, or refer to the website http://www.fsa.usda.gov/wa.

The <u>deadline for nominations is August 1, 2011</u>. Completed nomination forms are to be submitted to the county FSA address listed at the top of this letter and should be returned, delivered, or postmarked no later than August 1, 2011.

Sincerely,

/s/Jeff Lust

County Executive Director



Presorted Standard US Postage Paid Spokane, WA Permit # 939



Lincoln County FSA Office

P. O. Box 47 1310 W. Morgan St. Phone: (509) 725-4501 Fax: (509) 725-4515

Office Hours

Monday – Friday 7:00 AM – 4:30 PM

FSA Farm Loan Office

Houston Bruck, Manager 8815 E. Mission Ave; Suite B Spokane, Valley, WA. 99212 (509) 924-7350 ext. 108

County Committee

Judy Scrupps, Chair Pete Carstensen, Vice-Chair Joe Schultz, Member

Office Staff

Jeff Lust, CED
Debbie Sweet, PT
Sally Simpson, PT
Jan Bowdish, PT
Paula Reed, PT
Aaron Landreth, PT
Stephanie Fisher, Temp. PT

Important Dates to Remember

May 30

Memorial Day office closure

May 31

ECP signup ends

June 1

2011 DCP/ACRE signup ends

June 30

Crop reporting deadline

July 15

2010 ACRE production report deadline

July 29

2009 SURE signup ends



Notice to Hispanic or Women Farmers and Ranchers: Compensation for Claims Discrimination

If you believe that the United States Department of Agriculture (USDA) improperly denied farm loan benefits to you between 1981 and 2000 because you are Hispanic, or because you are female, you may be eligible to apply for compensation. You may be eligible if:

1. you sought a farm loan or farm-loan servicing from USDA during that period; and 2. the loan was denied, provided late, approved for a lesser amount than requested, approved with restrictive conditions, or USDA failed to provide an appropriate loan service; and

3. you believe these actions occurred because you are Hispanic or female.

If you want to register your name to receive a claims package, you can call the Farmer and Rancher Call Center at 1-888-508-4429 or access the following website: www.farmerclaims.gov.

2011 ACRE/DCP Deadline

The deadline to enroll in both the Average Crop Revenue Election (ACRE) and the Direct and Counter-cyclical Programs (DCP) is **June 1, 2011**.

Acreage Reporting Deadline

Acreage reports are required under the 2008 Farm Bill to maintain eligibility for the DCP and ACRE programs, as well as CRP, NAP, SURE and most livestock disaster programs. Reports are also required to commodity loan eligibility. **June 30, 2011**, is the final date to timely certify. Beyond that date, fees will be assessed for late-filed acreage reporting.

ACRE Production Deadline

Producers have until **July 15, 2011** to certify their 2010 ACRE production. Production amounts are used to calculate potential

ACRE-ACRE payments and benchmark yields for future benefits. Failure to meet this deadline will require a refund of all 2010 payments and termination of the ACRE contract.

2009 SURE Sign up Deadline

The deadline for producers to submit applications for 2009 crop year Supplemental Revenue Assistance Payments Program (SURE) is **July 29, 2011**. The application and all required documentation must be on file and signed by this date.

ECP Sign Up

Signup for the Emergency Conservation Program (ECP) runs thru **May 31, 2011**. Costshares can be paid to affected producers to replace livestock fencing destroyed by the Davenport/Rocklyn wildfires of August 2010. The percentage of cost-sharing is based on the age of the fence to be replaced, and the fences can be boundary and/or cross fences.

Farm Changes and Reconstitutions

Any changes in your farm's physical makeup, such as adding or removing land, can impact your acreage base. Farm reconstitutions must be requested by **August 1** to be effective for the 2011 program year. Your farm must comply with program requirements as the operation is currently structured, including required signatures and acreage reporting. Requesting a farm reconstitution after signup could delay your payment, require refunds, or require the process to be completed again.

BUDGET CUTS: Due to budget cuts, this may be the last county newsletter for the fiscal year ending September 30, 2011. County offices may not have the funds necessary to print field maps. Producers are encouraged to contact this office for program deadlines and other information.